Request for Reinstatement

	22020
OF SOUTH CAROLINA)	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
on of Case) ole: Application for a Class C Charter Certificate from lohn Doe dha Doe's Limo)	TRANSPORTATION COVER SHEET
John Doe don Doe's Limo Horry K. Montgomery Montgomery Transportation UC)	DOCKET 2010 - 131 - I
Montgomery Transportation ()	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
Please type or print) // O A A L	Telephone: 803-865-2575
Please type or print) Harry R Montgom ery Submitted by: Harry R Montgom ery	
Address:	Fax: Other: 803-409-8439
NOTE: The cover sheet and information contained herein neither replace	the very Montgomery 20 yohro. Low
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service of the filled out completely. NATURE OF ACTION	
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter SCSC SCSC Proposed Order
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

	Balance at Time Application is Filed: Month Year
Assets:	
Cash	\$ 5.000
Receivables	
Real Estate	\$ 10 000
Buildings and Equipment (Net)	# 2.000
Motor Vehicles (Net)	\$ 15.000
Garage Equipment (Net)	# 1000
Machinery and Tools (Net)	\$ 1.000
Supplies on Hand	\$ 500.
Prepaids and Other Assets	
Total Assets	
Value	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	\$ 286.00
Mortgages Payable	# 625.00
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$ 500 / HR

Counties to be Served:

ALL South Carolina Counties

Maximum Number of Passengers per Vehicle:



15

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MOI	DEL Silhouet	Fe VIN#	E	MPTY	CAPACITY
olds Mobi	le 20	5 show He	- IGHDX	Q3E74D166948	3948	8
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803 251 0376

P 7/12

No. /58/

P 1/1

INSURANCE QUOTE

The following insurance quote is for:	
Maroto om.	ne of Motor Carrier Rd. Columbia S.C. 29223
Nas	me of Motor Carrier
102 59Wre	Rd Columbia S.C. 29223
Addi	reas of Motor Carrier
Amount of Promines:	Limita Questad: (See Below)
Liability Insurança S LLUIR-00	Limits 300,000
The above quoted pramium is for a term of	2 months.
Minimum Limits - Intrastate Only:	
	25,000/50,000/25,000
8-15 Passengers 5	25,900/100,000/25,000
Stretford Insurance (Company
	• • • •
Franklin, LA. NJ.	
Home On	ce Address of Company
am familiar with the Commission's Rules and Regulects the minimum insurance limits prescribed. The outh Carolina Department of Insurance to do busing	ulations relating to insurance requirements and the above quote insurance company making this quote is authorized by the cas in South Carolina.
41110	Courtneywwade
	ized Insurance Company Representative's Signature

The insurance quote stust be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

3 uf 7

therewith?

O Yes

Exhibit FWA

Horry & Thompson (Mondgomery Transportation) IC

1.	Are there currently any or	itstanding judgments against the Applicant?			
	_	judgement(s) against applicant.			
	ii i es, indicate nature or	judgemends) agamst appheant.			
2.	Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?				
	⊗ Yes	O No			
3.	Is Applicant aware of the	Commission's insurance requirements and the insurance premium costs associated			

Exhibit on Driver Qualifications

J.	Applicant understands that all drivers must be a minimum of 18 years of age.					
	⊘ Yes	O No				
2.	and such record fro	• •	er's three (3) year driving record issued by the SC DMV are driver is or has been domiciled for such period must			
	⊘ Yes	O No				
3.	Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.					
	⊘ Yes	O No				
4.	• -	hen operating a charter vehicle, a va	ele under a Class C Charter Certificate must have in fid driver's license issued by the SC DMV or the current			
	Yes	O No				
5.	vehicles to drivers		ate holders are prohibited from employing or leasing e registered, as sex offenders with the South Carolina ry of sex offenders.			
	Ø Yeş	O No				

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA COUNTY OF Richland)	Hany	R Mont	v-mlwy nt's Signature	
Harry R. Montgans Ren Name of Applicants Ren	lery recentative		HPM Ba-a	owner	
of the Applicant for the Certificate of Pu	blic Convenie	nce and Ne	nty am ery) cessity as set for	th in the foregoing	Transpodation LLC
affirm that all statements contained in	the above app	Harr	У 1. В . ИЛ	licants Representa	ative

SWORN TO BEFORE ME

30 day of Walch, 20/0

Notary Public

Commission Expires 10/20/20/9

WANDA J. THOMPSON

Notary Public - State of South Carolina
My Commission Expires October 20, 2019

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MONTGOMERY TRANSPORTATION LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 29th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 29th day of March, 2010.

Mark Hammond Secretary of State